RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1 <u>01</u> <u>1</u> <u>1</u> 01 <u>01</u> 1 <u>6</u> 1	
FACILITY NAME Avon Products	Inc - Newark
New Facility	y Name
Name Change	
Location of Ins	tallation
Street	
City/Town	StateZip
County CodeCounty Name	
Installation Mail	ing Address
Street	
City/Town_	StateZip
Installation	Contact
Last Name Seth	First Stanley
Job Title Facilities Mar	Phone # <u>(302) 453-76</u> 22
Street	
City/Town	StateZip
Ownersh	ip
Name of Legal Owner	
street 2100 Ogletown Rd	
City/Town Newark	State <u>DE Zip 19712</u>
Phone #(302) 453-7622	Land TypeOwner Type
Waste Co	odes
Delete Old Waste Codes	Add New Waste Codes
Updated in RCRIS by	/SF Date /- 27-95
	37 Date

Waste		Type		RCRA Re	g.	RCRA R	eg.
Activity				Status		Desc	•
•			i				
Generator			• •				
TSD	-						-
	-						-
Transporter							_
Mode of Transpe							,
Air	Rail		Highway	Wa	ter	Other	_
Burner/Blender							
-	В	Boiler	and/or	Industria	l Furnace	(BIF) onl	.v.
				ter Defer		(522)	.1.
						an al-2-a	•
						on claimed	. •
	N			lender, V			
	X			lender Ad	ctivity.		
. ~	Blan	k Unve	rified.				
HWF Market to	Burne	er					
			dicates	that the	handler	is a gener	ator
	4.						dous waste
			activit		co parmer	S OI Hazai	dous waste
	Blar	ik No a	ctivity.				
HWF Other Mark	et		•				
	x	Code i	ndicates	that the	e Handler	is engaged	iin
							s other than
					to burner.		
1771 D		gene	recor me	irecing	co burner	•	
HWF Burner							
	В		•		al Furnace	2.	
	X	Indica	tion of	activity	•		
OSO Market to	Burne	er					
	X	Code i	ndicates	that the	e handler	is a gener	rator
							ec. used oil
		fuel.				or orr pp.	
aga akkan Kanb		IueI.	•				
OSO Other Mark		 .				•	• • •
	X					is engaged	
						fuel other	
		genera	tor mark	reting to	burner (e.g., mark	eting to
		used o	il refir	nery).		_	
OSO Burner							
	В	Boiler	and/or	Industri	al Furnac	Α.	
	x			Activity		••	
00 3 0m.	A	Indica	cion of	ACCIVICY	•		
SO ACT:			<u>.</u>				_ 9
						r is engag	
						oil activ	ities.
	В	Boiler	and/or	Industri	al Furnac	e.	
	X	Indica	tion of	Activity	•		
Burner Types				. •			
ntilit.	pail		Taducta	ial Poile	Tnđ	Furnace	
OCITICY	BOIL	er	Industr.	rar borre	<u> </u>	. Furnace_	•
Underground In	1]ect						• • • • • •
	X					generates	
		treats	s, store	s, or dis	poses of	hazardous	waste
		and ha	s an in	iection w	ell locat	ed at the	installation.
Recycler:							
"coloter.	_ _c	Comme	rais 1				
	_			1 De1-	_		
				1 Recycle			
	N			r, Verifi			
	Bla	nk Not	a recycl	ler, unve	rified.		

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act.



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

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			10 - For Office	
VIII. Type of Regulated Waste Activity	(Mark 'X' in the appropriate boxes; i	Refer to inst	ructions)	**
A. Hazardou	s Waste Activity	KA SAN	B. UsediOil F	Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	required for this actionstructions. 4. Hazardous Waste Fuel a. Generator Marketing b. Other Marketers c. Bollerand/or industria 1. Smelter Deferral 2. Small Quantity E indicate Type of Countries Device(s) 1. Utility Boller 2. Industrial Boller 3. Industrial Furnace Underground Injection	permit is lyity; see to Burner al Furnace xemption mbustion	Oil to Off-Sp b. Marketer Wh Oil Meets the Used Oil Burn Combustion De a. Utility Boller b. Industrial Bo c. Industrial Fu 3. Used Oil Trans of Activity(les) a. Transporter b. Transfer Fac 4. Used Oil Proces Type(s) of Acth a. Process b. Re-refine	ects Shipment of Used seclification Burner to First Claims the Used a Specifications of indicate Type(s) of wice(s) biller trace porter - indicate Type(s) sility trace; sor/Re-refiner - indicate rity(les)
iX. Description of Hazardous Wastes (A. Characteristics of Nonlisted Hazardous)		at an extra document of a series of	4. (5.) (4.00) (10.)	ristics of
nonlisted hazardous wastes your installa	ation handles; See 40 CFR Parts 261.	20 - 261.24)		
B: Listed Hazardous Wastes. (See 40 C			t more than 12 waste	codes.)
	3		11 A.	12
C. Other Wastes. (State or other wastes n			estructions.)	
2		∄.		6
	The Mark Mark Market			A Commence of April
i certify under penalty of law that this docum system designed to assure that qualified persor or persons who manage the system, or those best of my knowledge and belief, true, accurate including the possibility of fine and imprisor	onnel properly gather and evaluate the persons directly responsible for gath te, and complete. I am aware that there	information ering the inf	submitted. Based on ormation, the Informa	my inquiry of the person tion submitted is, to the
Signetiare	Name and Official Title (T)	pe or prin	es Managre 1	2/16/94
XI. Comments	an dine wasan dis <mark>t</mark> ering dan italik dalah ada Barangan			
AL COLLINOING				
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Note: Mail completed form to the appropriate	EPA Regional or State Office. (See S	Section III of	the booklet for addn	18908.)

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             RCRIS: Notification View Screen 2 of 6
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*EPA Id: DED011016805
                    Other Id:
                                          Merge Send: Y
*Date Received (MMDDYY): 080185
                          Source ( N/E/S ): N Non-Notifier Flag:
*Date Acknowledged (MMDDYYYY):
                                   Send Acknowledgement:
*Name of Installation: AVON PRODUCTS INC - NEWARK
                 Installation Location Address
        2100 OGLETON RD
*City:
        NEWARK
                               State: DE
                                         Zip: ·
                                               19712
                 County Name: NEW CASTLE
*County Code: 003
                 Installation Mailing Address
        2100 OGLETOWN RD
*Streets:
*City:
        NEWARK
                               State:
                                     DE
                                         Zip:
                                               19712
                   Contact Information
   Last Name
               First Name
                                Title
                                           Phone Address (M, L, O) *
* THORNTON
              BRUCE
                                         3024537915
                                                      L
*Streets: 2100 OGLETON RD
        NEWARK
*City:
                                         Zip:
                               State:
                                     \mathsf{DE}
                                               19712
*Land Type:
*******************
 Enter-Continue
                    F1-Previous Screen
                                      F3-Exit
*****************
              RCRIS: Notification View Screen 3 of 6
*************************
                      Other Id:
          DED011016805
 EPA Id:
                                          Source: N
 Owner Sequence Number:
 Ownership: AVON PRODUCTS INC
                                           Type of Owner:
                  Address of Owner/Operator
     Street: OWNERSTREET
     City:
           OWNERCITY
                                State: AK Zip Code
                                                 99999
           2155551212
     Phone:
 Current/Previous Indicator: CO Change Date (MMDDYY):
 F1-Previous Screen
                               F3-Exit
                                             F5-Curr. Owner
 Enter-Continue
                               F9-First
 F6-Prev. Owner
                 F8-Help
**************************
             RCRIS: Notification View Screen 4A of 6
*************************
 EPA Id: DED011016805
                     Other Id:
                                        Source: N
                                                  State Req
                         RCRA Reg
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                                         State Reg
 Waste Activity
                     Type
                          Status
                                   Desc
                                          Status
                                                    Desc
                     ----
                     2
 HW Generator:
                           R
 HW TSD:
 HW Transporter:
   Transport Mode: Air:
                        Rail:
                                Highway:
                                           Water:
```

* * * * *	Other: HW Burner/Blender: NHW Used Oil Recycler:	* * * * * *
	**************************************	* * * *
* *	***************************************	
*	RCRIS: Notification View Screen 5 of 6	*
* *	***********************	* * *
*	EPA Id: DED011016805 Other Id: Source: N	*
*****	Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical D001 F001 F002	* * * * * * * * * * * * * * * * * * *
	**************************************	* * * *
~ L	nter-Continue F1-Previous Screen F3-Exit	*



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

DED011016805

01/30/95

AVON: PRODUCTS *INC. - NEWARK 2180: OGE ETOWN: RD NEWARK . DE \19712

STANLEY SETH FACINGR

INSTALLATION ADDRESS

2100 OGLETOWN RD NEWARK DE 19712

EPA Form 8700-12A (6-90)

United States Environmental Protection Agency Washington, DC 20460

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010

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				(□ A.	Utili	ty B	oiler				3. Inc	tustri	al B	oiler			C.	Indu	stria	l Fur	nace)						
٧	III. N	lode	of T	ran	spor	atio	n (tr	ansp	orte	rs o					the a					es)									
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						18	o - For C	fficial U	se On	ly			
				<u>c</u>							TAC		
X. Description of H	ezerdous Wastes	(con	tinued from front)										
A. Hazardous Wastes from nonspecific sc	from Nonspecific : ources your installati	Bource on han	e. Enter the four-digr	t number fro sheets if nec	om 40 CFI	R Part	261.31 fo	each list	ed haza	urdous waste			
1	2		3		4	T		5		6			
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B. Hazardous Wastes from specific sources y					40 CFR P	rt 261	1.32 for ee	ch listed	hezardo	XUS WASIO			
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25	26]	27		28]		29]	30			
C. Commercial Chemi						Part	261.33 for	each ch	emical s	substance			
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43	44		45		46			47] [48			
D. Listed Infectious W or medical and researc							waste from	n hospita	us, vete	rinary hospita	us.		
49	50	П	51		52			53		54			
		1 [1			1 [
E. Characteristics of h				CXES COTTES	ponding t	o the	characten	nics of no	onlisted	hazardous			
wastes your installation													
	1. Ignitable (D001)	₩ 2.	Corresive 📋 :	3. Reactive (D003)	·	_	Toxic (D000)						
XI. Certification													
i certify under pen	ally of law that I	have	nersonally exami	ned and s	m tamli	larw	ith the ir	format	ion su	ibmitted in	this		
and all attached	documents, and	i that	based on my in	iquiry of	those ii	ndivi	duais in	nmedia	tely re	esponsible	for		
obtaining the info													
that there are significant.	gnnicant penan	ies i	or submitting ta	ise intor	mation,	Inc	iuain g 1	ne po:	SSIQIIN	ty or nne	ana		
Signature		١	lame and Official T	itle (type o	r print)		T	Date Sig	ned	-			
			AREN DIK	ectra	3			2-	23	-90			
- Soles			772-10272							-1 -11 - 11	. 4:		

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Bu

Gary

HAZARDOUS WASTE DATA MANAGEMENT SYSTEM MAINTENANCE FORM FOR NOTIFICATION

EPA-ID #	ideidaiti	T1&171817	DIVIDA DA	ate:_	4-23-0	10
FACILITY N	THE OTH	m Bx	atouble	Nex	^	
New Facili	ty Name					
Contact Pe	rson/Positi	en . D.C			DODUS3	701F
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5. Mar	iode Tr Te ket or Bure Gen Mark to Other Marke Burner	NWS Suca	6. 05	f-Spec . Gen . Othe . Burn	Activities : Used Oil Mark to B or Markete les les od Oil Fue	fuel urn r
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United States Environmental Protection Agency Washington, DC 20460

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010)

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GENERAL STATE SECTION

APR 1 7 1990

EPA, R3

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		<u>-</u>		TA C										
X. Description of Hazardous Waste	s (continued from front)	~												
A. Hazardous Wastes from Nonspecific from nonspecific sources your installs			261.31 for each listed h	azardous waste										
1 2	3	4	5	6										
Flololi Flolola	7													
7 8		10	11	12										
	 													
B. Hazardous Wastes from Specific Son	urces. Enter the four-digit nur	nber from 40 CFR Part 26	1.32 for each listed haza	rdous waste										
from specific sources your installation har														
13 14	15	16	17	18										
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19 20	21	22	23	24										
	4													
25 26	27	28	29	30										
C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary. 31 32 33 34 35 36														
31 32	33	34	35	36										
37 38	39	40	41	42										
43 44	45	46	47	48										
:														
D. Listed infectious Wastes. Enter the fi or medical and research laboratories your	our-digit number 40 CFR Part	261,34 for each hazardoutional sheets if necessary	s waste from hospitals, v	etennary hospitals,										
49 50	51	52	53	54										
E. Characteristics of Nonlisted Hazardo wastes your installation handles. (See 40	ous Wastes. Mark 'X' in the bo	exes corresponding to the	characteristics of nonlist	ed hazardous										
wastes your installation nancies. (500 40		. Reactive	. Toxic											
(D001)	(D002)	(D003)	(D000)											
XI. Certification														
I certify under penalty of law that														
and all attached documents, ar obtaining the information, I belie	na that based on my in leve that the submitted i	quiry of those indiv	iduals immediately	responsible for										
that there are significant pena														
Imprisonment.	in odenimity is		adding the possib	my or mie and										
Signature A Character 4	Name and Official Ti	tie (type or print)	Date Signed											
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Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the bullection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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State of Delaware Notification of Hazardous Waste Activity

DNREC SOLID WASTE MGT. BRANCH P. O. BOX 1401 DOVER, DE 19901

கு நடித்திருக்கு நடித்து இருக்கு நடித்து நடித்து நடித்து நடித்து நடித்து நடித்து நடித்து நடித்து நடித்து நடித்
FOR OFFICIAL USE ONLY
COMMENTS
[c]
DATE RECEIVED
INSTALLATION'S EPA I.D. NUMBER APPROVED (yr., mo., & day)
I. NAME OF INSTALLATION
AVON PRODUCTS INC
II. INSTALLATION MAILING ADDRESS
STREET OR P.O. BOX
32100 OGLETOWN ROAD
CITY OR TOWN ST. ZIP CODE
15 (4
III. LOCATION OF INSTALLATION
STREET OR ROUTE NUMBER
52100 OGLETOWN ROAD
CITY OR TOWN ST. ZIP CODE
ETTTTT NEW CASTLE
6 NEWARK
IV. INSTALLATION CONTACT
" NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.)
SHAMBEDA STEVEN M FACIL ENGR302-453-7742
13 14 - 41 45 - 51 52 - 13
V. OWNERSHIP
A. NAME OF INSTALLATION'S LEGAL OWNER
8 A VON PRODUCTS INC
(enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
E - FEDERAL SA. GENERATION ONLY B. TRANSPORTATION (complete item VII)
I P PEDENAL MI
M = NON-FEDERAL
VII. MODE OF TRANSPORTATION
A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):
61 62 63
VIII. FIRST OR SUBSEQUENT NOTIFICATION
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification if this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.
Le meral artiches saa a no
C. INSTALLATION'S EPA I.D. NO.
C. INSTALLATION'S EPA I.D. NO. A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)
☐ B. SUBSEQUENT NOTIFICATION (complete item C)
IX. DESCRIPTION OF HAZARDOUS WASTES (To be filled in by Generators)
IX. DESCRIPTION OF HAZARDOUS WASTES (To be filled in by Generators) A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.
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TO BE FILLED	OUT BY TRANS	SPORTERS		g.					
A. CHA	RACTERISTICS rdous wastes you	OF HAZARDOL ur installation ha	JS WASTES BEI andles.	NG HAULED. M	ark "X" in the bo	oxes correspond	ing to the chara	cteristics of non	n-listed .
益 (D001	1. IGNITABLE	(D00	2. CORROS	SIVE	☐ 3. RE (D003)	EACTIVE	(D000)	4. TOXIC	
B. LIST	NAMES & ADD	RESS OF ALL F	ACILITIES WHE	RE WASTES AF	RE TAKEN FOR	TREATMENT/ST	TORAGE/DISPO	SAL.	
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TYPE OF FACILITY		
☐ TREATMENT ☐ STORAGE ☐ DISPOSAL	NOT APPLICABLE	***
A. LIST TYPES OF WASTES HANDLED (e.g. ignitable/flamma	able, toxic, reactive, corrosive, solid or liquid hazardous waste	
or any other format that is adequate).		
	•	
	NOT APPLICABLE	
	•	
B. APPROXIMATE CAPACITY OF WASTE HANDLING (gals, o	cu. yards, tons,/days, month or year)	
	NOT APPLICABLE	
	WI AFFLICADLE	
C. LIST GENERATORS FROM WHOM YOU RECEIVE WASTE	ES. (Name & Address)	
-	NOT APPLICABLE	
	•	
D. BRIEF DESCRIPTION OF THE SITE, AND PROCESS OF T	TREATMENT/STORAGE/DISPOSAL FACILITY	
	•	
-	NOT APPLICABLE	

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

OFFICE OF SOLID WASTE

1025(25)(W)25



July 23, 1985

Mr. Gregory DeCowsky Solid Waste Management Branch DNREC P. O. Box 1401 Dover, DE 19901

Dear Mr. DeCowsky:

Attached please find a completed Notification of Hazardous Waste Activity form. As we discussed on July 9, Avon will be using the temporary EPA Identification Number DEP000000285 for our impending shipment with Rollins Environmental Services.

If you should have any questions regarding the attached information, please call me at (302)453-7742.

Sincerely,

Steven M. Shambeda FACILITIES ENGINEER

SMS/bb Attachment

cc: J. Kendig R. Miller

STATE OF DELAWARE

OFFICE OF SOUD WASTE

EPA ID: 10161011/101/16181015	Í				4. Ha	ndler Type:		Major	
HANDLER NAME: A VON P	raduats. &	nc			_1		·	• .	
HANDLER NAME: A VON P. ADDRESS: Name les					_l		_ 	Non-Hajor all Ocul Gen	
THE BASIS FOR THIS REPORT: //		AGENCY RE EVALUATION Put code Choose on	in box F	s []	= EPA = State = Joint = Contr		() = B =	Other Contractor/State Overaight	
TYPE OF EVALUATION COVERED BY THIS REPORT: Put code in box Choose one 1 = Evaluation Inspection 2 = Sampling Inspection 3 = Record Review 4 = Ground Water Monitoring Evaluation 5 = Follow Up 6 = Other - Citizen Complaint 7 = Other - Part B Call-In 8 = Other - Withdrawal Candidate 9 = Other - Closed Facility 0 = Other - General									
DATE OF EVALUATION COVERED BY THIS REPORT (enter only if diffe	rent from 5):	_/_/_	•	•		•			
AREA AND CLASS OF VIOLATION	Class of	Class of Area of Violation : ,							
(enter 'X' in appropriate box	Violation	CHH	CL/PC	Fin.Res	Pt. B	Cmpl.Sch	Hanl fe	st Other	
if violations found. Enter 'O' if no violations found in	1 1	6	0	ð	0	O	0		
Area violated.)	11	d	U	0	0	0	0		
ENFORCEMENT ACTIONS: MA									
			lance Dates			Penalty		Resp.Ag.	
Class Violation (use code) Ta	iken 5	cheduled	Actual		Assessed	Coll	ected	(use code)	
		····							
Codes for Types of Enforcement Actions: O3 = Warning Letter									
Comments								•	
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STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES & ENVIRONMENTAL CONTROL DIVISION OF ENVIRONMENTAL CONTROL WATER RESOURCES SECTION

89 KINGS HIGHWAY P.O. BOX 1401 DOVER, DELAWARE 19903

TELEPHONE: (302) 736 - 4761

July 31, 1985

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RCRA SUPPORT SECTION

AUG 5 1985

Ms. Shirley Bulkin U. S. EPA - Region III 841 Chestnut Building Philadelphia, PA 19107 U.S. EPA, Region III

Dear Ms. Bulkin:

Please process the enclosed notification form and issue an EPA identification number for Avon Products, Inc.

Also, I am returning the notification form for Woodward & Lothrop, which is in Washington, DC.

Please call me at (302) 736-4781 if you have any questions.

Sincerely,

Gregory M. DeCowsky Environmental Scientist

Solid Waste Management Branch

GMD:1mw
Enclosures